

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation ADVANCING WISCONSIN INC		3. FEC Identification Number C C90010604
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported PO BOX 1465		
(c) City, State and ZIP Code MADISON WI 53701		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☒ 24-Hour Notice ☐ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M	M
1	0

 /

D	D
1	6

 /

Y	Y	Y	Y
2	0	0	8

THROUGH

M	M
1	0

 /

D	D
1	7

 /

Y	Y	Y	Y
2	0	0	8

6. TOTAL CONTRIBUTIONS

.00

7. TOTAL INDEPENDENT EXPENDITURES.....

3703.33

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Susan Weaver

10/17/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

ADVANCING WISCONSIN INC

Full Name (Last, First, Middle Initial) of Payee
Badger Herald

Date

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 8Mailing Address
326 W Gorham St

Amount

818.55

City
MadisonState
WIZip Code
53703Purpose of Expenditure
Recruitment AdvertisementCategory/
Type

Office Sought:

☐ House

State: _____

Presidential

☐ Senate

District: _____

☒ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Barack ObamaDisbursement For:
2008☐ Primary☒ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

.00

Full Name (Last, First, Middle Initial) of Payee
Gannett Wisconsin Media

Date

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 8Mailing Address
435 E Walnut

Amount

1567.20

City
Green BayState
WIZip Code
54301Purpose of Expenditure
Recruitment AdvertisementCategory/
Type

Office Sought:

☐ House

State: _____

Presidential

☐ Senate

District: _____

☒ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Barack ObamaDisbursement For:
2008☐ Primary☒ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

.00

Full Name (Last, First, Middle Initial) of Payee
LaCrosse Tribune

Date

M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 8Mailing Address
401 Third Street N

Amount

796.55

City
LaCrosseState
WIZip Code
54602Purpose of Expenditure
Recruitment adCategory/
Type

Office Sought:

☐ House

State: _____

Presidential

☐ Senate

District: _____

☒ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Barack ObamaDisbursement For:
2008☐ Primary☒ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

.00

(a) SUBTOTAL of Itemized Independent Expenditures

3182.30

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **3 / 3**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

ADVANCING WISCONSIN INC

Full Name (Last, First, Middle Initial) of Payee
Marshfield News-Herald

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	0	8

Mailing Address
111 W Third St

Amount

521.03

City
MarshfieldState
WIZip Code
54449Purpose of Expenditure
Recruitment AdvertisementCategory/
Type

Office Sought:

☐

House

State: _____

Presidential

☐

Senate

District: _____

☒

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Barack ObamaCalendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:
2008☐

Primary

☒

General

☐ Other (specify) _____(a) **SUBTOTAL** of Itemized Independent Expenditures

521.03

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

3703.33